



# FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION AND VERIFICATION FORMS

**SCHOOL YEAR 2009 - 2010**

## INSTRUCTIONS FOR SCHOOL DISTRICTS

This packet contains:

**Required** information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application

Verification of eligibility information materials:

- Notification of Selection for Verification of Eligibility
- Letter of Verification Results

### **Optional**

The pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. Blank lines indicate where you need to insert your school/facility's specific information. For example, you must include your school's no-charge telephone number for verification assistance on the verification materials. If you make additional changes, you must submit your application package to your State agency for approval.

This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school/facility, please modify as appropriate.

If you have questions, contact:

DHHS/DCCECE/Special Nutrition Programs  
Attn: Shelia Bailey, Program Manager/NSLP/SFSP  
P O Box 1437 – Slot S155  
Little Rock, AR 72203-1437  
or call

1-800-482-5850, Extension 6828869 or locally at (501) 682-8869

## School District Letterhead

Dear Parent/Guardian:

Children need healthy meals to learn. \_\_\_\_\_ offers  
(name of school)  
healthy meals every school day. Breakfast costs \$\_\_\_\_\_; lunch costs \$\_\_\_\_\_.  
Your children may qualify for free meals or for reduced price meals. Reduced price is  
\$\_\_\_\_\_ for breakfast and \$\_\_\_\_\_ for lunch.

**1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. **Use one Free and Reduced Price School Meals Application for all students in your household.** We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to:**

School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**2. Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program), and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** Please call **school, homeless liaison or migrant coordinator** to see if your child (ren) qualify, if you have not been informed that they will get free meals.

**4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at this toll free number (     ) \_\_\_\_\_ if you have questions.

**6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

**7. Will the information I give be checked?** Yes, we may ask you to send written proof.

**8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

**11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

**12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call \_\_\_\_\_

*Si necesita ayuda, por favor llame al teléfono:* \_\_\_\_\_

*Si vous voudriez d'aide, contactez nous au numero:* \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

## INSTRUCTIONS FOR APPLYING

**If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a SNAP case number.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**Check the appropriate box and contact your school, homeless liaison, migrant coordinator.  
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

### Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School/Facility Name	Grade	SNAP* case # (if any). Skip to Part 5 if you list a SNAP* case

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #** Homeless ☐ Migrant ☐ Runaway ☐

### Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 5.

### Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) (Example) Jane Smith	2. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

### Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ☐ I do not have a Social Security Number

### Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity:	Choose one or more (regardless of ethnicity):	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> Black or African American	

### Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_ Reduced \_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART</b> For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

\* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

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**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), case number or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

## SHARING INFORMATION WITH MEDICAID

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Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid that your children are eligible for free or reduced price meals, *unless you tell us not to***. Medicaid only uses the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

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☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call \_\_\_\_\_ at \_\_\_\_\_  
(Phone #)

Return this form to: \_\_\_\_\_

at \_\_\_\_\_  
(Address)

## SHARING INFORMATION WITH OTHER PROGRAMS

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Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- ☐ No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any programs.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with \_\_\_\_\_

**If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call: \_\_\_\_\_

Return this form to:

Name : \_\_\_\_\_

Address: \_\_\_\_\_

by Date: \_\_\_\_\_



## WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact \_\_\_\_\_ by \_\_\_\_\_  
or your children will stop getting free or reduced price meals. (Date)

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals.

You must send us information to prove that \_\_\_\_\_ are eligible.  
If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1.If you were receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

- SNAP Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have received SNAP benefits.
- **Do not send your EBT card.**

2. If you get this letter for a homeless, migrant or runaway child, please contact [school, homeless liaison, or migrant coordinator] for help.

3. If the child is a Foster Child: Send us official documentation from the agency sponsoring the child.

4. If you do not receive SNAP for your children:

A. Write name and Social Security Number of each adult household member below.

Name	Social Security Number (See Privacy Act Statement, page 2)	No Social Security Number
_____	____ - ____ - ____ - ____	<input type="checkbox"/>
_____	____ - ____ - ____ - ____	<input type="checkbox"/>
_____	____ - ____ - ____ - ____	<input type="checkbox"/>
_____	____ - ____ - ____ - ____	<input type="checkbox"/>
_____	____ - ____ - ____ - ____	<input type="checkbox"/>
_____	____ - ____ - ____ - ____	<input type="checkbox"/>
_____	____ - ____ - ____ - ____	<input type="checkbox"/>
_____	____ - ____ - ____ - ____	<input type="checkbox"/>

B. Send this page along with papers that show the amount of money your household gets from each source of income.

The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to:**

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School

School Address

**Acceptable papers include:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date received.

**No income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call \_\_\_\_\_ at \_\_\_\_\_.  
The call is free. Name Toll Free Phone Number

\_\_\_\_\_  
Signature

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of all adult household members. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

**Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

## WE HAVE CHECKED YOUR APPLICATION

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School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We checked the information you sent us to prove that \_\_\_\_\_ are eligible for free or reduced price meals and have decided that:

- ☐ Your children's eligibility has not changed.
- ☐ Starting \_\_\_\_\_ your children's eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your children will receive meals at no cost.
- ☐ Starting \_\_\_\_\_ your children's eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost \$\_\_\_\_\_ for lunch and \$\_\_\_\_\_ for breakfast.
- ☐ Starting \_\_\_\_\_ **your children are no longer eligible** for free or reduced price meals for the following reason(s):

\_\_\_ Records show that you did not receive SNAP (formerly the Food Stamp Program) benefits.

\_\_\_ Records show that the child(ren) is not homeless, runaway, or migrant.

\_\_\_ Your income is over the limit for free or reduced price meals.

\_\_\_ You did not provide: \_\_\_\_\_

\_\_\_ You did not respond to our request.

Meals cost \$\_\_\_\_\_ for lunch and \$\_\_\_\_\_ for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with \_\_\_\_\_

Name/Title

at \_\_\_\_\_

Telephone Number

hearing. If you request a hearing by \_\_\_\_\_, your children will continue to receive free or

(Date)

reduced price meals until the decision of the hearing official is made. You may request a hearing by calling \_\_\_\_\_ or writing to:

Name

Phone Number

Address

\_\_\_\_\_  
Signature

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## ***NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS***

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Dear \_\_\_\_\_

Your application for free or reduced price meals for your children has been:

\_\_\_\_\_ Approved for free meals

\_\_\_\_\_ Approved for reduced price meals at \$\_\_\_\_\_ for lunch, \$\_\_\_\_\_ for breakfast and \$\_\_\_\_\_ or snack.

Approved temporarily for free meal(s) based on zero income. Reapplication must be made on \_\_\_\_\_  
for an extension of eligibility. (Date)

Denied for the following reason(s):

\_\_\_\_\_ Income over the allowable amount

\_\_\_\_\_ Incomplete application

\_\_\_\_\_ Other: \_\_\_\_\_

If you do not agree with the decision, you may discuss it with the school.

If you wish to review the decision further, you have the right to a Fair Hearing. This can be done by calling or writing the following official:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Toll Free/Collect/Local Phone Number: \_\_\_\_\_

If you are not eligible now but have a decrease in household income, become unemployed or have an increase in family size, fill out an application at that time.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**INCOME ELIGIBILITY GUIDELINE**  
**Reduced Price**

For School Year 2009-2010

Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

**INCOME ELIGIBILITY GUIDELINE**  
**Free**

For School Year 2009-2010

Household size	Yearly	Monthly	Weekly
1	14,079	1,174	271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
Each additional person:	4,862	406	94